## DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (print)				Date of Application		
	Company Berry Ente				_	
	Address P.O. Box 35	50			<del></del>	
	City Chilhowie		State <u>VA</u>	zip24319		
	are considered for all po	sitions without regard	to race, color, relig	nity laws, qualified applica gion, sex, national origin, a er protected group status.		
	7	TO BE READ AND S	IGNED BY APPLIC	CANT		
and other regarding m I hereby releinquiries and	elated matters as may ledical history will be mease employers, schoo d releasing information i	be necessary in a nade only if and afte ls, health care provi n connection with m	rriving at an emper a conditional of ders and other poy y application.	employment, financial o loyment decision. (Ger fer of employment has ersons from all liability mation given in my app	nerally, inquiries been extended.) in responding to	
	result in discharge. I			to abide by all rules ar		
employer(s)		he purpose of inves	tigating my safety	us employers may be of performance history as		
Review interest.	formation provided by p	revious employers;				
	rs in the information cor information to the prosp			those previous employe	rs to re-send the	
	buttal statement attach ree on the accuracy of t		erroneous informa	ation, if the previous er	nployer(s) and I	
Signature _				Date		
		FOR COM	IPANY USE			
		PROCES	S RECORD			
APPLICANT HII	APPLICANT HIRED REJECTED					
DATE EMPLOY	DATE EMPLOYED POINT EMPLOYED					
	DEPARTMENT CLASSIFICATION (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)					
SIGNATURE OF	INTERVIEWING OFFICER					
		TERMINATION (	OF EMPLOYMENT	Г		
DATE TERMINAT	ED	DEF	ARTMENT RELEASED	FROM		
DISMISSED		VOLUNTARILY QUIT	o	THER		
TERMINATION R	EPORT PLACED IN FILE	8	SUPERVISOR			

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

## **APPLICANT TO COMPLETE**

(answer all questions - please print)

Name				_ Social Security No		
Last		First	Middle	_ Godiai Geounty No	-	
List your addres	sses of residency for the	past 3 years.				
Current Address	s					
	Street			City		
			Phone		How Long?_	
Previous	State	Zip Code				yr./mo.
Addresses	Street	City		State & Zip Code	How Long?_	vr./mo.
	Giroot	Oity		State a Zip Gode		,
	Street	City		State & Zip Code	How Long?_	yr./mo.
				·	How Long?	•
	Street	City		State & Zip Code	How Long?_	yr./mo.
Do you have the I	legal right to work in the Ur	nited States?				
Date of Birth	/ mmercial Drivers)	/ Can	you provide proof o	of age?		
` '	•					
Have you worke	ed for this company befo	re? Whe	ere?			
Dates: From	To	F	Rate of Pay	Position		
Reason for leav	ving					
Are you now em	nployed? If	not, how long since leaving	last employment?	·		
Who referred yo	ou?			_ Rate of pay expecte	d	
Have you ever b	been bonded?			_ Name of bonding co	трапу	
	. ,	ny?				
•	xplain fully on a separat	e sheet of paper. Conviction			mployment-all cire	cumstances
Is there any re attached job de		nable to perform the func	tions of the job	for which you have a	pplied [as descr	ibed in the
If yes, explain i	f you wish.					
		EMPLOYME	ENT HISTORY			

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE
NAME		FROM TO MO. YR. MO. YR.
ADDRESS		POSITION HELD
CITY	STATE ZIP	SALARY/WAGE
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSI	Rs <sup>†</sup> WHILE EMPLOYED? ☐ YES ☐ NO	
WAS YOUR JOB DESIGNATED AS A STESTING REQUIREMENTS OF 49 CF	SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MC	DE SUBJECT TO THE DRUG AND ALCOHOL

## **EMPLOYMENT HISTORY (continued)**

			T		
	EMPLOYER			ATE	
NAME			FROM MO. YR.	TO MO.	YR.
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSR:	s <sup>†</sup> WHILE EMPLOYED?	YES NO			
WAS YOUR JOB DESIGNATED AS A SATESTING REQUIREMENTS OF 49 CFF		TION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRU	IG AND A	rcohol
	EMPLOYER		D	ATE	
NAME			FROM MO. YR.	TO MO.	YR.
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAV	NG	
WERE YOU SUBJECT TO THE FMCSR	* WHILE EMPLOYED?	YES NO	•		
WAS YOUR JOB DESIGNATED AS A SA TESTING REQUIREMENTS OF 49 CFR		ION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRU	IG AND A	LCOHOL
	EMPLOYER		D/	ATE	
NAME			FROM MO. YR.	TO MO.	YR.
ADDRESS			POSITION HELD		
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSR:		YES NO			
WAS YOUR JOB DESIGNATED AS A SA TESTING REQUIREMENTS OF 49 CFF		TION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRU	IG AND A	LCOHOL
	EMPLOYER		D	ATE	
NAME			FROM MO. YR.	TO MO.	YR.
ADDRESS	·		MO. YR. POSITION HELD	IVIO.	ın.
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAV	NG	
WERE YOU SUBJECT TO THE FMCSRs	s <sup>†</sup> WHILE EMPLOYED?		1		
	AFETY-SENSITIVE FUNCT	TION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRU	IG AND A	LCOHOL
	EMPLOYER		D	ATE	
NAME .			FROM	то	VD
ADDRESS			MO. YR. POSITION HELD	MO.	YR.
CITY	STATE	ZIP	SALARY/WAGE		
CONTACT PERSON	SIAIL	PHONE NUMBER	REASON FOR LEAVING		
WERE YOU SUBJECT TO THE FMCSR:	T WHILE EMPLOYEDS T				
			ECT TO THE DOI	IC AND A	I COHO!
TESTING REQUIREMENTS OF 49 CFF		ION IN ANY DOT-REGULATED MODE SUBJ	ECT TO THE DRU	AND A	LOOHUL

<sup>\*</sup>Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>†</sup>The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

DATES			ATURE OF ACCIDENT ON, REAR-END, UPSET, ETC.)  FATAL		FATALIT	ES	INJURIES	HAZERDOUS MATERIAL SPILL
LAST ACCIDEN	т							
NEXT PREVIOU	IS							
NEXT PREVIOU	us							*
		ORFEITURES FOR THE	PAST 3	SYEARS (OT	HER THAN PARKII	NG VIOLATIO	ONS) IE NONE	WRITE NONE
HAFFIC CONVIC	LOCATIO			DATE	CHARG	T	JIVO) II IVOIVE	PENALTY
	20071110				0.0.0.0			
		•			SPACE IS NEEDE			
Driver	STATE	LICENSE NO.	NCE A	CLASS		RSEMENT(S	 S)	EXPIRATION DATE
Driver licenses or								
permits held					~~~			
in the past								
3 years								
•		a license, permit or privileç			or vehicle?			NO
•	•	rivilege ever been suspend					YES	NO
IF THE ANS	WER TO EITHE	R A OR B IS YES, GIVE D	DETAIL	.s				
	DIENOE OUE	201/1/50 05 110						
DRIVING EXPE					- 05 501 IDM 151 IT	D/	ATES	APPROX. NO. OF MILE
CLASS	OF EQUIPME	NT		CIRCLE TYPE OF EQUIPMENT		FROM (M/Y) TO (M/Y)		(TOTAL)
STRAIGHT TRU	ICK	☐YES ☐ NO		(VAN, TANK, FLAT, DUMP, REFER)				
TRACTOR AND	SEMI-TRAILE	R YES NO		(VAN, TANK, F	FLAT, DUMP, REFER)			
TRACTOR - TW	O TRAILERS	☐YES ☐ NO		(VAN, TANK, FLAT, DUMP, REFER)				
TRACTOR - THI	REE TRAILERS	YES NO		(VAN, TANK, F	LAT, DUMP, REFER)			
MOTORCOACH	- SCHOOL BU	JS YES NO More that passenger	ers		_			
MOTORCOACH	- SCHOOL BU	JS YES NO More that passenger	an 15 jers		_			
OTHER								
		R LAST FIVE YEARS:						
LIST STATES OF	ENAIED IN FO	R LAST FIVE TEARS						
SHOW SPECIAL	COURSES OR	TRAINING THAT WILL H	ELP YC	DU AS A DRI	VER:			
		S DO YOU HOLD AND FF						
					IFICATIONS - O			
CLIOW ANY TOLK	CINO TOANS	SPORTATION OR OTHER						ADA NIV
SHOW ANT THU	JRING, IRANG	FORIATION ON OTHER	LAFLI	TILINOL ITIA	WATTIEET IN TO	OH WOHICH		AL CIVI
LIST COURSES	AND TRAINING	OTHER THAN SHOWN E	ELSEW	HERE IN TH	IIS APPLICATION			
	ALLIDMENT OF	TECHNICAL MATERIALS	S YOU (	CAN WORK	WITH (OTHER THA	N THOSE A	LREADY SHO	WN)
LIST SPECIAL EG	ZOIF WILINI OF							
LIST SPECIAL EC	ZOIF WENT ON			EDITO	TION			
				EDUCA				
CIRCLE HIGHES	T GRADE CON	MPLETED: 1 2 3 4 5		8	HIGH SCHOOL: 1			
CIRCLE HIGHES	T GRADE CON	MPLETED: 1 2 3 4 5		8	HIGH SCHOOL: 1			
CIRCLE HIGHES	T GRADE CON	AME)		8	HIGH SCHOOL: 1	(CITY, STATE)		
CIRCLE HIGHES LAST SCHOOL A	T GRADE CONTIENDED (No. 1)  that this a	TO BE R	EAD	AND SIGI	NED BY APPLIC	(CITY, STATE)		
CIRCLE HIGHES LAST SCHOOL A This certifies	T GRADE CONTIENDED (No. 1)  that this a	TO BE R	EAD	AND SIGI	NED BY APPLIC	(CITY, STATE)		
CIRCLE HIGHES LAST SCHOOL A This certifies and complete	T GRADE CONTENDED (Note that this a to the best	TO BE R	READ opleted	AND SIGI	NED BY APPLICATION AND THE NET BY APPLICATION AND THE NET AND THE	(CITY, STATE)  CANT  ntries on	it and info	rmation in it are tr